

MENTAL ILLNESS AND BEHAVIOUR PROBLEMS

IN NATIVE AND IMMIGRANT NORTHERN CANADIANS

by

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INTRODUCTION

This paper is concerned with that area of Canada north of the 60th latitude, i.e. the Northwest Territories and the Yukon Territory. This vast area occupies 40% of the land mass of Canada yet contains a population of only approximately 56,000 people.

The two territories are, in many ways, quite dissimilar. The Yukon Territory is largely forested, mountainous and, although intensely cold in the winter with temperatures recorded as low as -82° F (-63° C) is not subject to high winds and blizzard conditions. In contrast, the N.W.T. becomes progressively flatter and treeless as we move east and a very large area is covered by tundra. Winter weather is extreme with very low temperatures and very high winds giving blizzard conditions for days at a time.

The population of the two territories differ as much as the geography. The Yukon Territory is predominantly populated by non-native Canadians, the native Indian population accounting for perhaps 15% of the population. There are no Eskimos in the Yukon. The native Indian population largely speaks English as a first language. In contrast, the N.W.T. has large populations of both Indian and Eskimo people whose combined total account for a majority. A large number of the native people use one of the many native languages or dialects as their first language.

INCIDENCE OF MAJOR PSYCHOSES

breakdown of a year of referrals to a psychiatrist resident in Whitehorse, Yukon Territory shows the following diagnoses:

Schizophrenia	14.5%
Affective Psychoses	8.2%
Neurosis/Personality Disorders	63.6%

The remainder of the 100% total is composed of various sundry diagnoses.

It is apparent that the number of patients seen in whom a diagnosis of schizophrenia was made is in excess of the number expected from the small population. However a further breakdown of this particular diagnostic category is of interest. In 1970, from a total number of 32 patients in whom such a diagnosis was made, 22 had been residing in the Yukon Territory for less than 3 weeks and in point of fact, 6 (or 20%) were United States citizens en route to Alaska. The same pattern is found in the other major centres of the north such as Yellowknife and Inuvik. The explanation is of course that the north appears to be viewed as a last haven to which the psychotic person can escape.

The 8.2% diagnosed as affective psychosis included equal numbers of depressive and hypomanic states. This apparently large number of hypomanic diagnoses (almost 1/month) could be accounted for by the bias of a single diagnostician however the number seen exceeded the rate of the particular clinician when he was working in a large urban centre. It is postulated that the hypomanic patient is also likely to head north - in this instance to conquer new frontiers rather than as an escape.

The breakdown of referrals by sex reveals:

Male	24%
Female	76%

which perhaps indicates the extra stress experienced by women in the north although

it may indicate a greater acceptance on the part of women to seek psychiatric help.

The breakdown of referrals by ethnic group:

Indian	15%
White	85%

almost exactly coincides with the ethnic distribution in the population at large.

MENTAL HOSPITAL ADMISSIONS

Let us look now at the referrals from the Yukon Territory and N.W.T. to mental hospitals in the south.

There is a contrast between the two territories. Whereas in the Yukon Territory 85% of such referrals are for patients with a diagnosis of schizophrenia, the figure for such a diagnostic category in the N.W.T. is only 42%. A much larger number of patients with a diagnosis of personality disorder are referred from the N.W.T. The difference is probably accounted for by the lack of a resident psychiatrist in the N.W.T. to provide expert advice to the courts and to act as a filter.

There is a marked disparity in the data concerning the ethnic background of the referrals from both territories.

Mental Hospital Admissions

Native	25%
Non-Native	75%

Long Stay Patients (>2 years)

Native	77%
Non-Native	23%

Although only a quarter of the admissions to mental hospitals are native people, more than three quarters of the long stay patients come from this group. This disparity cannot be explained on the basis of greater severity of illness. Instead we must

look at some of the other factors involved. One is of course the difficulty experienced by the staff of a large mental hospital in the south treating a person from another culture who perhaps speaks another language. The native person from the north has few options at the time of discharge. It may be virtually impossible to place this patient in a foster home or half-way house in a southern city and because of the great distance from the patient's home, there may be a reluctance for the mental hospital to discharge the patient until he is thought to be fully recovered. Again, there is certainly a marked resistance in many communities in the north to taking back a person once he has entered the mental hospital. Although this attitude occurs among both the native and non-native communities in the north, it is of course much more serious for the native patient because of his fewer options.

AGGRESSIVE AND SUICIDAL BEHAVIOUR

Aggressive behaviour (whether directed outward or inward) is commonly associated with heavy alcohol consumption. I will not at this point in time deal extensively with assault, homicide, etc. as these topics will, I am sure, be covered admirably by other speakers at a later time during this symposium. Instead I will concentrate my remarks on suicide and attempted suicide and the association with alcohol consumption.

It is often sweepingly stated that the suicide rate in the Canadian north is very high. Having reviewed available literature on this subject, I must state that I do not subscribe to this broad statement. Here I would like to sound a note of caution concerning the assessment of suicide rates in the north. We are dealing with a very small population and many such rates are not statistically significant for this reason. However, the following points emerge:

1. Descriptions of the prevalence and extent of suicide during the first half of the present century indicate high rates for the Eskimo people. Rates as high as 575/100,000 have been recorded. These suicides however were often altruistic in nature - e.g. old and infirm individuals killing themselves to relieve the community of a burden or a father's suicide to cure a very sick son by magical means. Such suicides (and here I use the term only for want of a better word) can therefore be regarded as reasonable and logical acts, taking into consideration the harsh and precarious nature of life at that time, whose motivation was basically herd-survival.
2. Suicide in the present day Eskimo population shows a marked similarity to the situation in the white population in the Canadian north both in terms of the rate (both appearing to be higher than in southern Canada) and aetiology-endogenous depression, schizophrenia, inter-personal conflicts and association with alcohol (approximately 50% of all suicides). The mode of suicide would appear to be strongly influenced by the ease of access to lethal means. High on the list for both white and Eskimo suicides looms firearms. Firearms are more universally available in the north than in southern Canada. More suicides by poisoning occurring in the white population probably reflects their greater access to this means. Throughout the north, suicide is largely restricted to males, the Yukon Territory in particular showing very high rates for older, long-term resident males. In contrast, the N.W.T. has in recent years show a trend to younger males.
3. A consistent finding in recent years in both territories has been the low suicide rate in people of native Indian status. This is most

startlingly apparent in the N.W.T. where there has been but one recorded suicide in this group in the past 15 years, notwithstanding the fact that the Indian people account for 20% of the total population of the N.W.T.

4. Attempted suicides in the north follow the same pattern as in the south. A recent study of attempted suicides in the Yukon Territory would appear to indicate that the rates are almost identical to those found in British Columbia. These attempts characteristically occur in young females and the mode of attempt is similar to that seen in the south, e.g. overdoses of legally prescribed (or over-the-counter) drugs and wrist slashing.

ALCOHOL

Because of the high correlation between aggression and suicidal behaviour on the one hand and heavy alcohol consumption on the other, I would now like to turn to the topic of alcohol consumption in the north.

The following slide shows the consumption of wine, beer and spirits in the Yukon Territory and N.W.T. compared with that for Canada as a whole. As you will note, consumption is very high in all three categories in the north, particularly in the Yukon Territory. In fact, the per capita consumption rates in the Yukon in all three categories exceeds that of any province in Canada. Although the consumption rates for the N.W.T. are lower than the Yukon figures, the trend in recent years has been for the Yukon figures to plateau and for the N.W.T. to steadily catch up. In all probability, the lower rate in the N.W.T. is due to limited access to alcohol in certain areas and that if truly similar communities in each territory were compared, the rates would be very similar.

The reasons for this high consumption are many. In the native population, loss of a sound economic base, loss of self-esteem and acculturation are all important factors. The white population generally holds drinking in high esteem and alcohol is present at most activities. In many ways the drinking patterns are very similar to those found in the Irish culture where social events are almost invariably associated with drinking. It is a common experience for newcomers to discover that their alcohol consumption increases when they come north. The image of the tough, hard-drinking northern pioneer dies hard.

SPECIFIC PROBLEMS OF IMMIGRANT NORTHERN CANADIANS

Much research has been performed on the native people of the north; in fact, it is probably not an overstatement to say that they have been researched ad nauseam. Relatively little attention has been afforded the non-native population. The problems of the non-native group can be summarized briefly under two headings, namely those problems the immigrant brings with him or her from the south and those created specifically by northern living. Of course, these two broad classifications are not exclusive and acting in isolation from each other but are intertwined and in many ways interdependent.

The individuals own needs of course usually dictate his decision to go north. Many from the frankly psychotic to the difficult, antisocial personality are attracted to the north because of the lure of an escape. Unfortunately for them, the north is the last place on earth to go to escape your fellow man. If a person is seeking an existence free of relationships with others, let him look in the large cities rather than a small northern community. The urge to "save" people is another strong motivation for a move north. Such an attitude does little to endear the person to the native people and such individuals are often quickly

racized. Fortunately a large number of people come north seeking a challenging life, many of whom now make the north their permanent home.

Even the most stable new migrant to the north encounters some marked changes in life style. He (and perhaps even more so, she) faces inconveniences of higher costs, limited availability of goods and a sense of being cut off from the world "outside". Much of the housing in the north is designed for the south and although appropriate in Toronto, it may be very inappropriate in Frobisher Bay or Iqaluit. A prime example must be the high rise complex at Frobisher Bay which combines all of the disadvantages of high rise living with a lack of the city amenities. Such housing (which is being duplicated elsewhere in the north) is universally condemned by those who live there.

The term cabin fever is used widely throughout the north to describe reactive depression setting in during the latter part of the winter and characterized by irritability, depression and anger. It is most common in women with small children who are not working and therefore tied to the home most of the long, dark, cold winter. The situation is often compounded by the husband working long hours and earning a great deal. The situation is usually self-limiting and recovery is usually spontaneous with the return of summer. When it occurs however it places great strain on the marriage. It should perhaps be added that many women come north under duress and it is heartening to find that employers are seriously considering the wife before accepting a man for employment in a remote northern settlement.

LOCAL HEALTH PROGRAMMES

The bulk of the work of treating persons with emotional problems rests with local health services nurses and physicians, staff of other government agencies e.g.

al workers from Dept. of Social Development and teachers from Dept. of
ation and the private medical practitioners living in the north. This service
ugmented by a psychiatrist and psychologist in Whitehorse and a psychologist
ellowknife all employed by Medical Services. A position exists for a
hiatrist in Yellowknife but to date, recruitment for this position has not
successful. A visiting psychiatric programme has been developed whereby a
hiatrist from the University of Alberta makes regular visits to the western
ic, one from the University of Manitoba visits the central arctic and the
ke Institute of Psychiatry, Toronto provides consulting services to the
ern arctic. Although such consultants provide valuable expertise to staff
ing at the field level, there is still a need to increase the complement of
lly based personnel with expertise in the field of psychiatry. To this end
cal Services is embarking on using psychiatrically trained nurses at selected
tions in the north.

of the mental health problems in the north are related to life-styles and it
nrealistic to expect that these can be handled entirely within the scope of
medical services. Fortunately, an excellent climate of mutual concern and
peration exists between Medical Services and the various territorial government
rtments and private organizations concerned with the mental well-being of the
le of the north. It is only by a concerted effort of all concerned that some
ur major psycho-social problems such as excessive alcohol consumption can be
viated.

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